

Level I Supplemental Information

DGC-APP. 032 (New 08/04)

**DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
LEVEL I SUPPLEMENTAL INFORMATION**

INSTRUCTIONS

Each “other employee” and “player” as defined in Title 4, California Code of Regulations, Chapters 2.1 and 2.2, for Third-Party Providers of Proposition Player Services and Gambling Businesses must complete the Level I Supplemental Information and submit all required forms, documentation, and deposits. Originals are required unless otherwise stated. Any corrections or alterations must be initialed and dated by the applicant.

Regular Mail Delivery

California Gambling Control Commission
P.O. Box 526013
Sacramento, CA 95852-6013

Commercial/Personal Delivery

California Gambling Control Commission
2399 Gateway Oaks, Suite 100
Sacramento, CA 95833-4231

Pursuant to Business and Professions Code section 19868, subd. (a), the supplemental information package will not be deemed complete until all required forms, documentation, and deposits have been received by the Division.

Forms/Documentation	Submitted
Level I Supplemental Information (DGC-APP. 032 [New 08-04]) (includes Instructions)	
Authorization to Release Information (DGC-APP. 006 [Rev. 08-04])	
Appointment of Designated Agent For Owners and Proposition Players (DGC-APP. 031 [Rev. 08-04])	
Employment Contract - Copy	
Current Local License, Permit, Badge, etc. - Copy	
Naturalization Certificate - If naturalized citizen, copy of your naturalization certificate	
If after a review it is determined that further investigation is needed, a deposit of \$300 shall be required.	

Applicant is responsible for all investigative costs incurred by the Division. At the conclusion of the investigation, an itemized accounting will be provided. Monies received in excess of the actual costs incurred will be refunded.



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Section 1. Personal History Information**(A) PERSONAL INFORMATION:**

Last name		First name		Middle name (if no middle name, indicate "NMN")
Alias(es), nicknames, maiden name, other name changes, legal or otherwise				
Present residence address		City, county, state, zip code		
Mailing address (if different from above)		City, county, state, zip code		
Present employer business address		City, county, state, zip code		
Current occupation		Phone: Residence () _____ Business () _____ Fax () _____		
Date of birth		Place of birth (city, county, state, and country)		
Age	Social security number* _____-_____-_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Drivers license/identification card number: _____ State issued: _____	
Eye color	Hair color	Weight	Height	
Distinguishing marks (scars, tattoos, etc.). Describe and indicate location.				

* Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code sections 19841(a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigations.

Do you have any family members who work in the gaming industry? ☐ Yes ☐ No

If YES, complete the following. If more space is needed, attach a separate sheet:

Name	Address	Relationship	Position Held	Business Name

Are you a United States citizen? ☐ Yes ☐ No

If NO, what country? _____

Alien registration number: _____

If naturalized: Certificate Number: _____

Alien Number: _____

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(B) MARITAL INFORMATION:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Information regarding current spouse:

Full name:

Last

First

Middle

Maiden

Date of birth: ____/____/____

Place of birth:

City

State

Country

Residence address (if different from applicant): _____

Telephone: Residence () _____ Business () _____

Employer: _____ Occupation: _____

Address of employer: _____

Street

City

State

Zip

Date of marriage: ____/____/____

FORMER MARRIAGE(S):

Name (Last, First, Middle, Maiden)	Dates of Marriage (From-To)	Year, County, and State of Divorce Filing

Attach an additional sheet if necessary.

(C) FAMILY INFORMATION:**(1) Children and/or Dependents**

Provide the following information for each of your children (including step, adopted, foster children) and dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Address	Telephone No.	Relationship
			()	
			()	
			()	
			()	
			()	

Attach an additional sheet if necessary.

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(2) Co-habitants and/or Roommates

List any adults, not disclosed above, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/ Occupation	Employer Address & Telephone	Relationship
			()	
			()	
			()	
			()	

Attach an additional sheet if necessary.

(3) Parents and/or Stepparents

List name, date of birth, place of birth, residence address, and most recent occupation of parents and/or stepparents. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				()	
				()	
				()	
				()	

Attach an additional sheet if necessary.

(4) Brothers and Sisters

List name, date of birth, place of birth, residence address, and most recent occupation of brothers and sisters. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				()	
				()	
				()	
				()	
				()	

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- (D) EMPLOYMENT HISTORY:** Beginning with your current employment, list your employers and periods of unemployment during the last 10 years.

Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Attach an additional sheet if necessary.

- (E) RESIDENCES:** Please list all your residences (most recent first) for the past 10 years.

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (Check One)
				Rent _____ Own _____
				Rent _____ Own _____
				Rent _____ Own _____

Attach an additional sheet if necessary.

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Section 3. Licensing History Information

- (1) Have you ever applied to any local, state or federal governmental agency for a gambling establishment employee permit, badge, or license in any state? ☐ Yes ☐ No
- (2) Have you ever been denied a gambling establishment work permit or license by any law enforcement agency, or had any such permit or license revoked or suspended? ☐ Yes ☐ No

If YES, provide the following details.

Local Government Agency	Type of Application	Approved/Denied	Dates Held	Reasons for Denial, Revocation or Suspension

- (3) Have you ever been questioned about your participation in any gambling offense, in or outside of California, or by any law enforcement agency? ☐ Yes ☐ No
- (4) Have you ever been prohibited from being present on the premises of any gaming or pari-mutuel wagering establishment by any government officer, agency or gambling establishment? ☐ Yes ☐ No

If YES, provide complete details: _____

Section 4. Criminal History Information

- (1) Have you ever been convicted of a felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.) ☐ Yes ☐ No
- (2) Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.) ☐ Yes ☐ No
- (3) Are you currently on probation? ☐ Yes ☐ No
- (4) Have you ever engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? ☐ Yes ☐ No
- (5) Have you ever been convicted of an offense involving dishonesty or moral turpitude? ☐ Yes ☐ No
- (6) Have you ever engaged in bookmaking or other illegal gambling activities? ☐ Yes ☐ No
- (7) Have you ever received a pardon or expungement of any criminal offense? ☐ Yes ☐ No

If YES to "1 - 7," provide the following details, even if a resulting conviction has been expunged or set aside.

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Date	Arresting Agency Location - City & State	Original Charge	Final Charge (If amended or reduced)	Court Location-City & State	Case Number	Disposition

Attach an additional sheet if necessary.

- (8) Has a criminal indictment, information, or complaint ever been returned against you which you have not included in "1 - 7" above? ☐ Yes ☐ No

If YES, provide complete details: _____

- (9) Have you ever been subpoenaed or ordered to appear or testify before a county, state, or federal grand jury, government board or commission? ☐ Yes ☐ No

If YES, provide complete details and dates: _____

- (10) Have you **ever** been involved in a legal dispute with, or excluded from a gambling establishment, been removed from a gambling establishment by a peace officer or the house, or involved in a patron dispute regarding your activities in a gambling establishment that were subject of a report to a peace officer and resulted in your removal?
☐ Yes ☐ No

If YES, provide complete details and dates: _____

- (11) Have any incidents of cheating been reported against you to a gambling establishment? ☐ Yes ☐ No

If YES, provide complete details and dates: _____

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DECLARATION

I, _____, declare that I have read the foregoing Level I Supplemental Information and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I execute this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this supplemental information package.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete.

Signature

Date: _____

Printed Name/Title_____
Business Name